

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street) ▼

655 Beach Street

☐ Check if different than previously reported. (ACC)

San Francisco

CA

94109

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00196246

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☐ July 15 Quarterly Report (Q2)  
☐ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE)  
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)  
☐ Termination Report (TER)

- (b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☒ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

- (c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
**PRE-Election** Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)  
**POST-Election** Report for the:

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y

07

01

2015

through

07

31

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jill Boyett

Signature of Treasurer

Jill Boyett

[Electronically Filed]

Date

08

14

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">209321.69</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">235937.48</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">32618.01</span>	<span style="border: 1px solid black; padding: 2px;">307684.12</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">268555.49</span>	<span style="border: 1px solid black; padding: 2px;">517005.81</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">33077.17</span>	<span style="border: 1px solid black; padding: 2px;">281527.49</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">235478.32</span>	<span style="border: 1px solid black; padding: 2px;">235478.32</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2015

To:

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

28552.80

257162.26

(ii) Unitemized .....

4065.21

50521.86

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

32618.01

307684.12

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

32618.01

307684.12

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

32618.01

307684.12

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

32618.01

307684.12

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	77.17	499.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	77.17	499.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33000.00	280500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	527.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	527.50
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	33077.17	281527.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33077.17	281527.49

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	32618.01	307684.12
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	527.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32618.01	307156.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	77.17	499.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	77.17	499.99

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 42

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. David Abramson**

Mailing Address 101 Central Park W Apt 12-F

City	State	Zip Code
New York	NY	10023-4250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2015

Transaction ID : 50008A7A-C780-4829-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Nicholas Anderson**

Mailing Address 1124 E Weisgarber Rd Ste 207

City	State	Zip Code
Knoxville	TN	37909-2686

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2015

Transaction ID : BB9059BE-C056-43AB-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Joe Arterberry**

Mailing Address 224 E Broadway, Suite 110

City	State	Zip Code
Louisville	KY	40202-2016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2015

Transaction ID : 8E49B93B-F5C9-4801-A

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

906.67

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 42  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Milhim Aswad**

Mailing Address 980 Washington St Ste 120

City	State	Zip Code
Dedham	MA	02026-6704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	5

Transaction ID : 459057B4-93DF-4861-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Ray Balyeat**

Mailing Address 2000 S Wheeling Ave Ste 400

City	State	Zip Code
Tulsa	OK	74104-5641

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Transaction ID : C7C5A43B-A790-4E85-A

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. David Bogorad**

Mailing Address 2509 Walton Way

City	State	Zip Code
Augusta	GA	30904-4561

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Transaction ID : BE28EB3F-B08F-454E-A

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

495.42

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 42

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Alan Brackup**

Mailing Address 1203 Langhrn Nwtwn Rd Ste 120

City	State	Zip Code
Langhorne	PA	19047-1211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2015

Transaction ID : 439D71FD-FE34-4112-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Richard Breazeale**

Mailing Address 1318 Brow Estates Dr

City	State	Zip Code
Signal Mountain	TN	37377-3270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2015

Transaction ID : 61A0B929-83E2-4E4A-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. William Bridges Jr.**

Mailing Address 21 Medical Park Dr

City	State	Zip Code
Asheville	NC	28803-2493

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Transaction ID : 6C286198-FBC9-4EA3-9

Amount of Each Receipt this Period

111.08

SUBTOTAL of Receipts This Page (optional)..... ►

1111.08

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 9 OF 42  
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. John Burchfield**

Mailing Address 9087 Stonybrook Blvd.

 City State Zip Code  
 Sylvania OH 43560

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 07 31 2015

Transaction ID : D7F6BD07-A937-4178-9

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Lorenzo Cervantes**

Mailing Address 87 Grandview Ave

 City State Zip Code  
 Waterbury CT 06708-2514

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 07 02 2015

Transaction ID : D52F6574-7987-41BD-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. R. V. Chan**Mailing Address 630 1st Ave  
Apt 12L
 City State Zip Code  
 New York NY 10016-3712

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 07 31 2015

Transaction ID : CD86BB57-7150-468E-B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

760.42

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Donald Cinotti**

Mailing Address 600 Pavonia Ave Ste 6

City	State	Zip Code
Jersey City	NJ	07306-2932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.69

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	5

Transaction ID : 2D7EAC23-31D7-4183-B

Amount of Each Receipt this Period

416.67

Full Name (Last, First, Middle Initial)

**B. William Constad**

Mailing Address 1266 Mount Horeb Road

City	State	Zip Code
Martinsville	NJ	08836

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	5

Transaction ID : 33DC2203-EC0A-4B3A-8

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Scott Corin**

Mailing Address 500 Faunce Corner Rd Bldg 100

City	State	Zip Code
North Dartmouth	MA	02747-1278

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	5

Transaction ID : CA65BD45-1BFE-4375-8

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2516.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. David Couch**

Mailing Address 320 Prosperity Rd

City

Knoxville

State

TN

Zip Code

37923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 28 / 2015

**Transaction ID : F3603012-77EE-4034-B**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. James Croley III**

Mailing Address 613 Del Prado Blvd

City

Cape Coral

State

FL

Zip Code

33990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.71

Date of Receipt

07 / 15 / 2015

**Transaction ID : 1D775CD3-1C6A-44F7-A**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Kathleen Cronin**

Mailing Address PO Box 356

City

Monument Beach

State

MA

Zip Code

02553-0356

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 13 / 2015

**Transaction ID : FF9508F8-57F4-42DE-8**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

906.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 42  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

## **A. Kimberly Crowder**

Mailing Address 4156 Dogwood Drive

City State Zip Code  
 Jackson MS 39211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2015

Transaction ID : 84DC9DF0-977D-4C5A-8

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

## **B. Howard Cummings**

Mailing Address 320 Prosperity Rd

City State Zip Code  
 Knoxville TN 37923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2015

Transaction ID : 9D1E2FD3-9437-401C-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Francis Decroos**

Mailing Address 7268 Jarnigan Rd Ste 300

City State Zip Code  
 Chattanooga TN 37421-3098

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2015

Transaction ID : FF299322-7018-47A6-B

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1041.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. David Edelstein**

Mailing Address 4 Brookbridge Rd

City State Zip Code  
Great Neck NY 11021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 27 / 2015

Transaction ID : F8F7489E-414B-4621-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. William Ehlers**

Mailing Address 125 Secret Lake Rd

City State Zip Code  
Avon CT 06001-3465

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.31

Date of Receipt

07 / 31 / 2015

Transaction ID : EF8CEE92-52FC-4E90-8

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. James Finegan**

Mailing Address 236 Roseberry St

City State Zip Code  
Phillipsburg NJ 08865

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 31 / 2015

Transaction ID : 97938FE8-7754-4484-A

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

490.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 42  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Jerry Ford**

Mailing Address 1743 Armistead Place

City State Zip Code  
Tallahassee FL 32308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2015

**Transaction ID : D4A220D7-CADD-462C-B**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Terry Forrest**

Mailing Address 2503 Isaac Drive

City State Zip Code  
Goldsboro NC 27530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2015

**Transaction ID : 4238C619-525A-4FB2-8**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Sidney Gicheru**

Mailing Address 440 W Lbj Fwy Ste 300

City State Zip Code  
Irving TX 75063-3841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1458.35

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2015

**Transaction ID : 43B76B65-006D-46D8-A**

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

1073.33

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. C. Mitchell Gilbert**

Mailing Address 499 Farmington Ave, Ste 100

City State Zip Code  
Farmington CT 06032-1933

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 02 / 2015

Transaction ID : B531EE9F-2578-4667-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Michael Gilbert**

Mailing Address 12301 NE 10th Pl Ste 200

City State Zip Code  
Bellevue WA 98005-2487

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.35

Date of Receipt

07 / 15 / 2015

Transaction ID : 5552CDEB-100F-4812-B

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**c. Joseph Gooze Jr.**

Mailing Address 1124 E Weisgarber Rd Ste 207

City State Zip Code  
Knoxville TN 37909-2686

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 28 / 2015

Transaction ID : 1F3F3027-2B15-45B2-8

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

948.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Michael Green**

Mailing Address 854 Lone Oak Dr

City  
Gallatin

State  
TN

Zip Code  
37066-3694

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 30 / 2015

**Transaction ID : 86063D17-4845-4A58-8**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Joseph Gunn**

Mailing Address 320 Prosperity Rd

City  
Knoxville

State  
TN

Zip Code  
37923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 28 / 2015

**Transaction ID : 15474605-F3CC-4434-9**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Jean Hausheer**

Mailing Address 29 NW Burr Oak Dr

City  
Lawton

State  
OK

Zip Code  
73507-8923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.69

Date of Receipt

07 / 15 / 2015

**Transaction ID : 0FD3E318-60D4-4D1B-A**

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

906.67



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Stephen Higgins**

Mailing Address 3412 W Centre Ave

City State Zip Code  
 Portage MI 49024-4624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 15 / 2015

**Transaction ID : 639DF669-2F82-4070-9**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. W. Andrew Hubbard**

Mailing Address 6600 Avondale Dr

City State Zip Code  
 Nichols Hills OK 73116-6018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 27 / 2015

**Transaction ID : 3C5A1B3B-78A3-4FEA-A**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. David Jeng**

Mailing Address 471 Deercliff Road

City State Zip Code  
 Avon CT 06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 02 / 2015

**Transaction ID : C014CEBA-552D-41F8-8**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

771.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Leslie Jones**

Mailing Address 8477 Indian Paintbrush Way

City State Zip Code  
Lorton VA 22079-5610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 31 2015

**Transaction ID : 8577153E-7CC4-48D3-B**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Leslie Jones**

Mailing Address 8477 Indian Paintbrush Way

City State Zip Code  
Lorton VA 22079-5610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.01

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 31 2015

**Transaction ID : C8021C47-1701-4E55-B**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Jeffrey Ward Kalenak**

Mailing Address 2600 N Mayfair Rd Ste 600

City State Zip Code  
Milwaukee WI 53226-1374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 27 2015

**Transaction ID : 4AC16DFB-D6D8-43D6-8**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1083.34

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 42  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Henry Kaplan**

Mailing Address 301 E Muhammad Ali Blvd

City	State	Zip Code
Louisville	KY	40202-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2015

Transaction ID : 2B4C4C16-6BFB-49E3-A

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Henry Kaplan**

Mailing Address 301 E Muhammad Ali Blvd

City	State	Zip Code
Louisville	KY	40202-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2015

Transaction ID : 8F2D509F-4B71-4227-B

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Kenneth Kato**

Mailing Address 2020 Fleischmann Rd

City	State	Zip Code
Tallahassee	FL	32308-4599

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1291.69

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2015

Transaction ID : 26AB4A53-ABBD-41F4-9

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

125.01

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Anne Keating**

Mailing Address 3433 Shadow Wood Lane

City State Zip Code  
 West Fargo ND 58078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 27 / 2015

**Transaction ID : 3139BDFD-6ADD-4683-9**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Kent Kebert**

Mailing Address 1307 Aston Ave

City State Zip Code  
 McComb MS 39648-2898

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 30 / 2015

**Transaction ID : B7505E41-62F0-4A67-B**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Mari Keithahn**

Mailing Address 3600 Amron Ct

City State Zip Code  
 Columbia MO 65202-1918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

07 / 31 / 2015

**Transaction ID : 02696587-8E08-4DC6-9**

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

906.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 42  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. David Kinsler**

Mailing Address 6637 Fairway View Tr.

City State Zip Code  
 Roanoke VA 24018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2015

**Transaction ID : 875C1B46-B638-4284-B**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Judith Kirby**

Mailing Address 4209 Bordeaux Ave

City State Zip Code  
 Dallas TX 75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2015

**Transaction ID : 7280B625-67EC-4088-B**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Craig Kliger**

Mailing Address 100 Galewood Cir

City State Zip Code  
 San Francisco CA 94131-1132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2015

**Transaction ID : 1F3E11F9-2229-4247-B**

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

583.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Alan Knapp**

Mailing Address 1500 Placida Rd Ste B2

City

Englewood

State

FL

Zip Code

34223-4951

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 27 / 2015

Transaction ID : CAD7F8FF-4D50-47CE-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Cristoforo Larzo**

Mailing Address 320 Prosperity Rd

City

Knoxville

State

TN

Zip Code

37923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 28 / 2015

Transaction ID : 9701B6D5-ACC3-42AC-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Kent Leavitt**

Mailing Address 1135 116th Ave NE Ste 450

City

Bellevue

State

WA

Zip Code

98004-4623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 02 / 2015

Transaction ID : 144C13AF-0515-4A30-9

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Julie Lee**

Mailing Address 3950 Kresge Way Ste 105

City

Louisville

State

KY

Zip Code

40207-4637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.32

Date of Receipt

07 / 15 / 2015

**Transaction ID : 483F0D61-6671-4064-8**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Robert Lesser**

Mailing Address 40 Temple St Ste 5B

City

New Haven

State

CT

Zip Code

06510-2715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 02 / 2015

**Transaction ID : 11049743-9A9F-4911-9**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Andrew Levada**

Mailing Address 1201 W Main St

City

Waterbury

State

CT

Zip Code

06708-3176

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 27 / 2015

**Transaction ID : 1994D260-244C-4210-9**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

698.33

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 42

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Edward Lim**

Mailing Address 144 N Main St

City

Branford

State

CT

Zip Code

06405-3044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	2		2	0	1	5		

Transaction ID : 936D02E2-0082-4258-B

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**B. Kim Lindenmuth**

Mailing Address 813 Lyndhurst Ct

City

Naperville

State

IL

Zip Code

60563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	7		2	0	1	5		

Transaction ID : 2FA26373-AFAC-4ECD-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Aaron Mack**

Mailing Address 150 Taylor Station Rd Ste 150

City

Columbus

State

OH

Zip Code

43213-4440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		3	1		2	0	1	5		

Transaction ID : 54EBC33A-AD96-4D2A-B

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

766.67

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 42  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Masud Malik**

Mailing Address 3865 N Mulford Rd

City State Zip Code  
 Rockford IL 61114-5603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2015

Transaction ID : 0EA52E14-DB33-4B24-9

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Mark Mandel**

Mailing Address 1237 B St

City State Zip Code  
 Hayward CA 94541-2915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2015

Transaction ID : 23B8CCE3-BC36-4AE7-9

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Sheron Marshall**

Mailing Address 7075 Campus Dr Ste 100

City State Zip Code  
 Colorado Springs CO 80920-6542

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2015

Transaction ID : C955B131-E6D3-4D91-8

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

666.66

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 42

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Tod McMillan**

Mailing Address 1124 E Weisgarber Rd Ste 207

City	State	Zip Code
Knoxville	TN	37909-2686

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	28	/	2015

Transaction ID : 9AC5B662-7EA5-40A3-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Carl Migliazzo**

Mailing Address 7504 Antioch Rd

City	State	Zip Code
Overland Park	KS	66204-2622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2015

Transaction ID : 3CBB6385-0296-4187-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Aaron Miller**

Mailing Address 1699 Research Forest Dr Ste 150

City	State	Zip Code
Shenandoah	TX	77380-2792

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

616.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2015

Transaction ID : 3A56635C-2F06-4FFB-8

Amount of Each Receipt this Period

4.17

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1004.17

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. James Miller Jr.**

Mailing Address 508 Augusta National Way

City State Zip Code  
 Knoxville TN 37934-2533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 28 / 2015

**Transaction ID : 25EE43E7-131B-4F3A-A**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Louis Nichamin**

Mailing Address 46 Greystone Court, P.O. Box 6430

City State Zip Code  
 Avon CO 81620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

07 / 15 / 2015

**Transaction ID : B35199FB-2266-4DF3-A**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**c. Mark Ozog**

Mailing Address 1417 9th St S Ste 100

City State Zip Code  
 Great Falls MT 59405-4509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.90

Date of Receipt

07 / 31 / 2015

**Transaction ID : A11C1C29-2DF7-457E-B**

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

560.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

## **A. Timothy Page**

Mailing Address 1234 Willow Ln

City

Birmingham

State

MI

Zip Code

48009-7008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

07 / 31 / 2015

**Transaction ID : F62BF059-F588-4099-9**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

## **B. Stephen Perkins**

Mailing Address 1124 E Weisgarber Rd Ste 207

City

Knoxville

State

TN

Zip Code

37909-2686

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 28 / 2015

**Transaction ID : 4B7E67D4-CD61-4E5F-8**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Mary Gina Ratchford**

Mailing Address 67 Balfour Dr

City

West Hartford

State

CT

Zip Code

06117-2936

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 29 / 2015

**Transaction ID : 73749C0A-8A0E-4BFF-A**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

906.67

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 42

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. William Rich III**

Mailing Address 6231 Leesburg Pike Ste 608

City State Zip Code  
Falls Church VA 22044-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : FE0ABBF9-38C1-4A5B-8

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Richard Roebuck**

Mailing Address 213 Dayton St

City State Zip Code  
Hamilton OH 45011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2015

Transaction ID : 942FAE9F-FFA0-4F15-8

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. James Ronk**

Mailing Address 6465 S Yale Ave Ste 215

City State Zip Code  
Tulsa OK 74136-7804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2015

Transaction ID : CE109BE2-8713-45B1-A

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

883.33

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 42

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Jay Rudd**

Mailing Address 6841 Cooper Point Rd NW

City	State	Zip Code
Olympia	WA	98502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2015

Transaction ID : 41D70802-4E84-4DB3-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Rohan Shah**

Mailing Address 7235 Aventine Way Apt 105

City	State	Zip Code
Chattanooga	TN	37421-4184

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2015

Transaction ID : 19FC00C4-6C2C-4571-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Robert Shuler**

Mailing Address 2113 Beagle Chase Ln

City	State	Zip Code
Knoxville	TN	37919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2015

Transaction ID : EA36AFCB-6CED-4DC3-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 42

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Mitchell Brian Stein**

Mailing Address 69 S Moger Ave

City

Mount Kisco

State

NY

Zip Code

10549-2217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		1	5		2	0	1	5		

Transaction ID : BA791338-D100-4D72-B

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Roger Steinert**

Mailing Address 521 Anita St

City

Laguna Beach

State

CA

Zip Code

92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		3	0		2	0	1	5		

Transaction ID : EB833D1C-0B27-43FC-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Brad Stuckenschneider**

Mailing Address 1315 Broadridge Dr

City

Jackson

State

MO

Zip Code

63755-9466

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		2	9		2	0	1	5		

Transaction ID : EE429BDF-10C6-4230-B

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1530.42

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

## **A. Prem Subramanian**

Mailing Address 1675 Aurora Ct #F731

City State Zip Code  
Aurora CO 80045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2015

Transaction ID : C9F88A95-D90E-4F6B-B

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

## **B. Michael Alton Sumsion**

Mailing Address 2801 Park Marina Drive

City State Zip Code  
Redding CA 96001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 29 / 2015

Transaction ID : 1F6D8F05-CB61-4375-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Leiv Takle Jr.**

Mailing Address 646 S 8th St

City State Zip Code  
Griffin GA 30224-4214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 25 / 2015

Transaction ID : 04178E6C-01E1-48DB-A

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1541.67



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Alfredo Trevino**

Mailing Address 1006 East Hillside Road

City

Laredo

State

TX

Zip Code

78041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 28 / 2015

Transaction ID : 56A943FE-F8C8-4EF4-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Alan Wagner**

Mailing Address 5520 Greenwich Rd Ste 204

City

Virginia Beach

State

VA

Zip Code

23462-6541

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1333.32

Date of Receipt

07 / 15 / 2015

Transaction ID : AD9380F3-67A1-42D3-8

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Thomas Peter Ward**

Mailing Address 18 Old Stone Xing

City

West Hartford

State

CT

Zip Code

06117-1859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 31 / 2015

Transaction ID : ED77D52D-E88C-445C-A

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

625.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 OF 42

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Aaron Weingeist**

Mailing Address 4717 53rd Ave S

City  
Seattle

State  
WA

Zip Code  
98118-1640

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.75

Date of Receipt

07 / 15 / 2015

Transaction ID : 3F1E6228-D8ED-49A2-8

Amount of Each Receipt this Period

93.75

Full Name (Last, First, Middle Initial)

**B. Barry Welch**

Mailing Address 424 Yellowstone Ave Ste 110

City  
Cody

State  
WY

Zip Code  
82414-9309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

07 / 31 / 2015

Transaction ID : 837D4041-1B83-48DF-8

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. John Wilmeth**

Mailing Address 1655 E Greenville Street

City  
Anderson

State  
SC

Zip Code  
29621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 28 / 2015

Transaction ID : 41D124D6-295E-406E-9

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

677.08

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 42

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Brian Wnorowski**

Mailing Address 530 Lakehurst Rd Ste 206

City

Toms River

State

NJ

Zip Code

08755-8063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	5

Transaction ID : CD54DF8B-C861-416A-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Timothy Young**

Mailing Address 5300 North St

City

Nacogdoches

State

TX

Zip Code

75965-1370

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	5

Transaction ID : 1CF37786-E5A7-44D4-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Stephen Zuckerman**

Mailing Address 69 Sand Pit Rd Ste 101

City

Danbury

State

CT

Zip Code

06810-4004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

Transaction ID : 245EC6CE-6116-4231-A

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

1065.00

TOTAL This Period (last page this line number only)..... ►

28552.80

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Bank N.A.**

Mailing Address PO Box 63020

City	State	Zip Code
San Francisco	CA	94163

Purpose of Disbursement  
Bank charges - July 2015

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Transaction ID : FEB635A462B468FE726

Amount of Each Disbursement this Period

77.17
-------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

77.17
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77.17
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Bilirakis for Congress**

Mailing Address PO Box 606

City  
Tarpon SpringsState  
FLZip Code  
34688-0606Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Gus Michael Bilirakis**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2015

**Transaction ID : A40E1F64D40674F7A4E**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Connolly for Congress**

Mailing Address PO Box 563

City  
MerrifieldState  
VAZip Code  
22116Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Gerald E. Connolly**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2015

**Transaction ID : 0F76F33E7A0BAF3B8C8**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Fleming for Congress**

Mailing Address PO Box 1236

City  
MindenState  
LAZip Code  
71058-1236Purpose of Disbursement  
2016 Primary

011

Candidate Name

**John Calvin Fleming Jr.**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2015

**Transaction ID : B789F918B25C8FA5538**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Friends of Bill Posey**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2015

Mailing Address PO Box 411486

City	State	Zip Code
Melbourne	FL	32941

Transaction ID : FF2C2E5DB9A78A430F4

Purpose of Disbursement  
2016 Primary

011

Amount of Each Disbursement this Period

Candidate Name

William Posey

Category/  
Type

2500.00

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 08

Full Name (Last, First, Middle Initial)

**B. Friends of Erik Paulsen**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2015

Mailing Address PO Box 44369  
250 Prairie Center Drive

City	State	Zip Code
Eden Prairie	MN	55344

Transaction ID : 829E7E08E9482661471

Purpose of Disbursement  
2016 Primary

011

Amount of Each Disbursement this Period

Candidate Name

Erik Paulsen

Category/  
Type

1000.00

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 03

Full Name (Last, First, Middle Initial)

**C. Kevin McCarthy for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2015

Mailing Address PO Box 12667

City	State	Zip Code
Bakersfield	CA	93389-2667

Transaction ID : 7BFD70C70AAB2910096

Purpose of Disbursement  
2016 Primary

011

Amount of Each Disbursement this Period

Candidate Name

Kevin Owen McCarthy

Category/  
Type

2500.00

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 23

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Luke Messer for Congress**

Mailing Address PO Box 917

City	State	Zip Code
Shelbyville	IN	46176

Purpose of Disbursement  
2016 Primary

011

Candidate Name

Allan Lucas Messer

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2015

Transaction ID : BA8967DB5A8DCD32047

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Mike Crapo for US Senate**

Mailing Address PO Box 1948

City	State	Zip Code
Boise	ID	83701

Purpose of Disbursement  
2016 Primary

011

Candidate Name

Michael Dean Crapo

Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ID District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2015

Transaction ID : A84339A2C31AF7389C9

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Mike Thompson for Congress**

Mailing Address 5429 Madison Avenue

City	State	Zip Code
Sacramento	CA	95841

Purpose of Disbursement  
2016 Primary

011

Candidate Name

Michael C. Thompson

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2015

Transaction ID : 06A0B96F43E55C5A08D

Amount of Each Disbursement this Period

2000.00
---------

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Pascrell for Congress**

Mailing Address POB 100

City	State	Zip Code
Teaneck	NJ	07666

Purpose of Disbursement  
2016 Primary

011

Candidate Name

William James Pascrell Jr.

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NJ District: 09

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2015

Transaction ID : 064E3A6CDB22A29B530

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Richard E Neal for Congress Committee**

Mailing Address 76 Magnolia Terrace

City	State	Zip Code
Springfield	MA	01108

Purpose of Disbursement  
2016 Primary

011

Candidate Name

Richard Edmund Neal

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MA District: 01

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2015

Transaction ID : 0CC0202B18B7F699911

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Searchlight Leadership Fund**Mailing Address 700 13th Street NW  
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

Searchlight Leadership Fund

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼ Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2015

Transaction ID : 02DE1D3C4FA616F3B30

Amount of Each Disbursement this Period

2500.00
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SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Tammy Baldwin for Senate**

Mailing Address PO Box 696

City Madison	State WI	Zip Code 53701
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Purpose of Disbursement  
2018 Primary

011

Candidate Name

Tammy S. Baldwin

Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2015

Transaction ID : 9798E494191EDFACF65

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Tammy Baldwin for Senate**

Mailing Address PO Box 696

City Madison	State WI	Zip Code 53701
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Purpose of Disbursement  
Void check originally reported 7/15/15.

011

Candidate Name

Tammy S. Baldwin

Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2015

Transaction ID : 2F406CA08AB46F1C810

Amount of Each Disbursement this Period

-2500.00
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Full Name (Last, First, Middle Initial)

**C. Tammy Baldwin for Senate**

Mailing Address PO Box 696

City Madison	State WI	Zip Code 53701
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Purpose of Disbursement  
2018 Primary

011

Candidate Name

Tammy S. Baldwin

Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2015

Transaction ID : AF949C7E9B374CAB38B

Amount of Each Disbursement this Period

2500.00
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SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. The Richard Burr Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2015

Mailing Address Post Office Box 5928

City	State	Zip Code
Winston-Salem	NC	27113

Purpose of Disbursement  
2016 Primary

011

Transaction ID : 4AC969A3DA54723CE81

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

Richard M. Burr

Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District:

Full Name (Last, First, Middle Initial)

**B. Virginia Foxx for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2015

Mailing Address PO Box 2767

City	State	Zip Code
Boone	NC	28607

Purpose of Disbursement  
2016 Primary

011

Transaction ID : 6C9D5D669EBA4FFD012

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

Virginia Ann Foxx

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District: 05

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

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Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►

3500.00

TOTAL This Period (last page this line number only)..... ►

33000.00